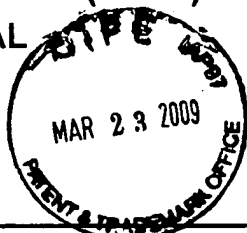


REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	10/534,876
Filing Date	May 12, 2005
First Named Inventor	SUGIURA
Group Art Unit	1796
Examiner Name	Frank
Attorney Docket Number	4706-2

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. § 1.114.

- a. ☐ Previously submitted (Note: Any previously filed unentered amendments will be entered unless applicant instructs otherwise. If applicant does not wish to have previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed 03/24/2009 FROM AMME 00000007 10534876
- i. ☒ Amendment/Reply 01 FC:1891 810.00 OP
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other _____

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☐ Applicant claims "small entity" status.
- b. ☒ Fees are attached as calculated below:
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e) 810.00 (1801)/\$405.00 (2801) \$ 810.00
- ii. ☐ Petition is made to extend the due date _____ months (less _____ months previously paid) \$ _____
- iii. ☐ Other _____ \$ _____
- c. ☐ Check in the amount of \$ _____ enclosed.
- d. ☒ Payment by credit card (credit card payment form attached) in the amount of \$ 810.00
- e. ☒ The Director is hereby authorized to charge any deficiency in the fee(s) filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm), to Deposit Account No. 14-1140.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Michelle M. Lester	Registration No. (Attorney/Agent)	32,331
Signature		Date	March 23, 2009

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print Type)			
Signature		Date	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MNL-4706-2

Dkt.

C# M#

SUGIURA

C/A.U.

1796

Serial No. 10/534,876

Examiner: Frank

Filed: May 12, 2005

Date: March 23, 2009

Title: GRAFT COPOLYMER COMPOSITION, THERMOPLASTIC RESIN COMPOSITION
CONTAINING THE SAME AND MOLDED OBJECT**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	18	minus highest number	
previously paid for	20	(at least 20) =	0 x \$52.00
			\$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment	3	minus highest number	
previously paid for	3	(at least 3) =	0 x \$220.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$390.00 (1203)/\$195.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension	\$130.00 (1251)/\$65.00 (2251)
Two Month Extensions	\$490.00 (1252)/\$245.00 (2252)
Three Month Extensions	\$1110.00 (1253)/\$555.00 (2253)
Four Month Extensions	\$1730.00 (1254)/\$865.00 (2254)
Five Month Extensions	\$2350.00 (1255)/\$1175.00 (2255) \$

Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$	0.00
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Assignment Recording Fee	\$40.00 (8021)	\$	0.00
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Other:	TOTAL FEE PAID WITH CONCURRENT RCE REQUEST	\$	810.00
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TOTAL FEE	\$	810.00
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☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
MNL:sjg

NIXON & VANDERHYTE P.C.

By Atty: Michelle N. Lester, Reg. No. 32,331

Signature: 